2025 Volume: 01 Issue: 07 www.ijrpa.com ISSN 2456-9995 Review Article

International Journal Research Publication Analysis

Page: 01-03

AN OVERVIEW ON PROBLEMS RELATED AND PREVENTION TO BED SORE OF OLD PATIENT

***Samir Kumar Bandyopadhyay**

Professor, The Bhawanipur Education Society College, West Bengal.

Article Received: 12 November 2025
Article Revised: 02 December 2025
Published on: 22 December 2025

***Corresponding Author: Samir Kumar Bandyopadhyay**
Professor, The Bhawanipur Education Society College, West Bengal.

DOI: https://doi-doi.org/101555/ijrpa.4238

ABSTRACT

Bed sores, also known as pressure ulcers or decubitus ulcers, are a significant and preventable health problem, particularly among the elderly population. Bedsores are a major healthcare issue with far-reaching effects on patient welfare and the healthcare system. This review provides an extensive summary of the existing body of knowledge on the management and prevention of bedsores. This paper provides a comprehensive review of the issue, exploring its prevalence, related risk factors, and the profound impact on patient quality of life and healthcare costs. It synthesizes current research on the aetiology of pressure ulcers, drawing from related works to establish a foundation for understanding their development and classification. A hypothetical case study is presented to illustrate the typical progression of the condition. The core of this review focuses on the best practices for a multi-faceted prevention process, including regular skin assessment, strategic repositioning, nutritional support, and the use of specialized support surfaces. The conclusion emphasizes that proactive, consistent, and collaborative care is paramount to reducing the incidence of bed sores, thereby improving patient outcomes and overall healthcare efficiency.

KEYWORDS: Pressure Ulcer, Bed Sore, Decubitus Ulcer, Elderly, Geriatric Care, Prevention, Wound Care, Nursing.

INTRODUCTION

Pressure ulcers, commonly known as bedsores or decubitus ulcers, are localized injuries to the skin and underlying soft tissue. They typically occur over bony prominences—such as the hips, heels, or tailbone—because of prolonged pressure, or pressure in combination with

shear. While they are often viewed as a simple skin condition, bedsores are a complex medical challenge that reflects a patient's overall mobility, nutrition, and systemic health. A bed sore is an injury to the skin and underlying tissue, primarily caused by prolonged pressure on the skin. This condition is most common in individuals with limited mobility, such as older adults who are bedridden, wheelchair-bound, or unable to change their position without assistance. While bed sores can occur at any age, the elderly are particularly susceptible due to factors such as thinner skin, reduced subcutaneous fat, comorbidities like diabetes and vascular disease, and malnutrition. The presence of a bed sore can lead to severe pain, systemic infection, prolonged hospital stays, and, in severe cases, life-threatening complications. Therefore, a thorough understanding of the problem and the implementation of effective prevention strategies are critical components of high-quality geriatric care. Bedsores develop when the blood supply to a specific area of the skin is cut off for more than two to three hours. As the skin dies, the stage is set for an ulcer to form.

The process is generally driven by three main factors:

Pressure: Constant pressure on any part of the body can lessen blood flow to tissues. Without blood, the tissue is starved of oxygen and vital nutrients.

Friction: This occurs when the skin rubs against clothing or bedding, making fragile skin more vulnerable to injury.

Shear: This happens when two surfaces move in opposite directions—for example, when a bed is elevated at the head and a patient slide down. The skin stays in place against the sheet while the bone moves down, stretching and tearing local blood vessels.

Bedsores are most prevalent among individuals with medical conditions that limit their ability to change positions. This includes:

The Elderly: Aging skin is thinner, less elastic, and heals more slowly.

Paralyzed Patients: Those with spinal cord injuries often cannot feel the discomfort that normally signals the need to shift weight.

Sedated or Comatose Individuals: Patients in intensive care units (ICUs) are at high risk due to total immobility.

Malnourished Individuals: A lack of protein, vitamins, and minerals prevents the body from maintaining healthy tissue and repairing damage.

Medical professionals categorize bedsores into four primary stages to determine the severity of the tissue damage. Stage Description Stage are different. The skin is intact but looks red;

the redness doesn't fade when pressed (non-blanchable). The outer layer of skin (epidermis) and part of the underlying layer (dermis) are damaged or lost, appearing as a shallow open ulcer or a blister. Deep tissue loss occurs. Fat may be visible, but bone, tendon, and muscle are not yet exposed. Stage Extreme tissue loss. Bone, muscle, or tendons are visible, posing a high risk for infection (osteomyelitis). Bedsores are a silent but serious complication of immobility. While they are difficult and costly to treat once they reach advanced stages, they are largely preventable through vigilant care and early intervention. Recognizing the very first signs—such as persistent redness or changes in skin texture—is the key to protecting vulnerable patients from the long road of chronic wound management.